Z 36876 [ 005/24/2 [] 8A

OTEATE OF CONTINUOUS INA	
STATE OF SOUTH CAROLINA )	BEFORE THE
(Continue of Coss)	PUBLIC SERVICE COMMISSION
(Caption of Case)  Example: Application for a Class C Charter Certificate from )	OF SOUTH CAROLINA
John Doe dba Doe's Limo	
)	TRANSPORTATION COVER SHEET
Apparation for new )	DOCKET
Appareation for new )	DOCKET 2012 - 216 - T
	NUMBER: 2 2 2 2 2 1
) )	If this is your first time filing an application with the PSC, you will not
)	have a Docket Number. The Commission will assign one to you. If you
ý	have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print)	
Submitted by: Bobert Meyer	Telephone: (713) 538- 6338
Address: 356 Bellegrove M.	Fax:
MB, 5C 29579	Other:
,	Email:
NOTE: The cover sheet and information contained herein neither replace	es nor supplements the filing and service of pleadings or other papers
as required by law. This form is required for use by the Public Service	Commission of South Carolina for the purpose of docketing and must
be filled out completely.	
NATURE OF ACTION	i (Check all that apply)
	Request for Name Change on Certificate
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit  Lota Filed Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter CLEACESC 4012
Application	Exhibit  Late-Filed Exhibit  Letter  Proposed Order  Publisher's Affidavit
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

THOMOS (000) 000 Train (000) 000 000

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date: <u>5\23\12</u>
CLASS C - CHAR	RTER
	by made for a Certificate of Public Convenience and Necessity, in accordance with the provision § 58-23-10, et seq. (1976), and amendments thereto.
	n business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.  Never, abo: Albatross Limo and Shuttle Service
	Street Address of Applicant
	Mailing Address of Applicant (if different from street address)  - Lo328   843-281-81-95  Phone Fax  Email Address
2. If the Applicant Secretary of Sta	is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina te and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South ary of State "Foreign Corporation" Certificate.)
Partnership	pe: (Check one)  Owner/Sole Proprietorship  - List names and addresses of all person having an interest in the business.  - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

#### BALANCE SHEET

Balance at Time Application is Filed:

	Month Year
Assets:	
Cash	3000-00
Receivables	-
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets*	3,000.00
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	

Total Liabilities and Equity\*

Capital Stock

**Total Equity** 

Retained Earnings

2000.00

<sup>\*</sup> Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):				
\$ 100.00	paske.			
				•
Requested Scope of Authority: Check all counties in which you are requesting permission to operate You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.				
Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoup	☐ Edgefield	Lancaster	Pickens	

Laurens

Richland

Charleston

Fairfield

## DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)	a vehicle is equipped
1-7 Passengers, including driver	
8-15 Passengers, including driver	

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Ford Econol	900k	14 B5531L36PB 8PPFF	5001
		1-	
	······································	TV ************************************	
		***************************************	
L	7307		

### **INSURANCE QUOTE**

This form <u>MUST BE COMPLETED AND SIGNED</u> by an <u>AUTHORIZED INSURANCE COMPANY REPRESENTATIVE</u>. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:
Robert Meyer, Aba: Albertoss Limo and Shuttle Service Name of Applicant
Aslo Bellegrove Dr., Murtle Beach, SC 29579 Address of Applicant
Amount of Premium: Limits Quoted: (See Below)
Liability Insurance \$ 2,558. Limits 500,000 cs.
The above quoted premium is for a term of months.
Minimum Limits - Intrastate Only:
1-7 Passengers* \$25,000/50,000/25,000 *Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt  **Passengers** passengers** \$25,000/100,000/25,000 including the driver's seatbelt
Stansot  Name of Insurance Company
158 N. Handral City Blyd. Melbourne, FL 32935 Home Office Address of Company
I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.
Date  Date  Date  Authorized Insurance Company Representative's Signature

#### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

# Exhibit Fit, Willing, and Able (FWA)

	Bahart Maide	Aba: Albatross Limo and	Shuttle Dervice
•	110DELT INEGEL	Name of Applicant	
ı.	Are there currently any out	standing judgments against the Applicant?	
	If Yes, indicate nature of ju	udgement(s) against applicant.	
2.	• •	all statutes and regulations, including safety reg South Carolina, and does Applicant agree to op No	CONTRACTOR
3.	Is Applicant aware of the C	Commission's insurance requirements and the ir	nsurance premium costs as ted

therewith?

O No

## **Exhibit on Driver Qualifications**

1.	. Applicant understands that all drivers must be a minimum of 18 years of age.		
	O Yes	O No	
2.	and such record fr	4	by of the driver's three (3) year driving record issued by the SC DMV attention the driver is or has been domiciled for such period must soffice.
	① Yes	O No	
3.		ands that a criminal his d in the Applicant's bu No	tory background check from the state where the driver currently lives siness office.
4.		hen operating a charter	erating a vehicle under a Class C Certificate must have in vehicle, a valid driver's license issued by the SC DMV or the current
	Yes	O No	
5.	vehicles to drivers	who are registered, or	ertificate holders are prohibited from employing or leasing required to be registered, as sex offenders with the South Carolina national registry of sex offenders.

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or
affirm that all statements contained in the above application are true and correct.
Anniformation Clamations
Applicant's Signature
Owner.
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF Honsey

SWORN TO BEFORE ME

This 33 day of 2013

Notary Public

Commission Expires 9/12/15